

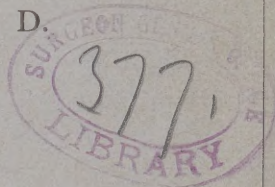
25 Beebe, (G. D.)

STRANGULATED

UMBILICAL HERNIA.

Removal of Fifty-Eight inches of Mortified Intestine during Pregnancy—Recovery.

BY G. D. BEEBE, M. D.



RE-PRINT,
FROM UNITED STATES MEDICAL AND SURGICAL JOURNAL.

STRANGULATED UMBILICAL HERNIA.

MORTIFICATION AND REMOVAL OF FORTY-EIGHT INCHES OF INTESTINE — RECOVERY.

BY G. D. BEEBE, M.D., CHICAGO.

IN communicating the subjoined particulars of the operation upon Mrs. Childs for publication in the UNITED STATES MEDICAL AND SURGICAL JOURNAL, no allusion was made to the supposed condition of the patient, lest it might be thought that the account partook too much of the marvelous. Indeed, the statement of the results accomplished sufficiently taxed the credulity of the profession and public.

The absence of the menstruation for four successive periods gave a strong suspicion of pregnancy, which was confirmed, shortly after the completion of the operation, by the occurrence of "quickening." This supposition enhanced very greatly the intense interest with which the case was watched, not only till recovery followed the operation, but on through to the completion of term, and the delivery, during the holiday week, of a healthy female child, weighing eight pounds. The expression of the patient, a few days after her confinement, was that she "bore her labor as well as ever she did, and, so far, was smarter than ever before" — this being her eighth child.

In order to make clear the description of the process by which the cut ends of intestine were united, it has been thought desirable to add a diagram showing the application of the clamp which is figured upon page 58. Thus at the present time, January, 1870, the case stands an illustration of what may be accomplished by *Homœopathic surgery*.

JULY 10th, 1869, I was called to see Mrs. J. B. Childs, of Lee County, Ill., who was temporarily in our city for a visit, and while at the house of a friend, was taken with most violent pain in an umbilical hernia, which had existed since a severe labor seven years previously. I found the patient of dark complexion, stout built, aged about 40. No evacuation of the bowels had occurred for a week. The violent pain had begun three days before, soon followed by



vomiting, which during the last twelve hours had been stercoraceous, with frequent disposition to singultus. On examination a large tumor was found at the umbilicus, the thin integumentary coverings of which were greatly discolored, and were on the point of yielding to the pressure of a considerable quantity of fluid therein contained. The skin and pulse did not indicate any marked peritoneal inflammation, but there had evidently been an unwarrantable delay already in applying proper treatment. Without delay the integuments were carefully incised, and two or three ounces of bloody serum escaped. The blackened intestine was now visible at the opening, and with a grooved director the hernial sac was freely laid open, when I was startled to find so much of the intestine extruded, and the entire mass not only black with discoloration, but at points so far disintegrating as to allow the contents to escape.

The situation was novel, and so far as I could then recall to memory, without precedent, but a moment's reflection satisfied me that the patient's chances for life lay in removing the de-vitalized tissue, and pursuing such further steps as would subject her to the least hazard possible under the circumstances.

I can strongly commend the use of Lembert's suture in all cases admitting immediate union of the cut extremities of intestine, but in this case the extent of intestine to be removed seemed to suggest greater hazard in attempting to join the divided ends of the gut by suture than in establishing an artificial anus, and effecting a cure of this artificial opening so soon as the immediate danger from the first operation had passed. I therefore determined upon the latter course, and with the assistance of two or three of my medical colleagues whom I could hastily summon, the gut was traced to the hernial ring, and finding sound tissue there, divided. Then passing a strong suture, the sound extremity was secured to the integumentary margin of the wound. With a pair of scissors the intestine was cut away from the mesentery throughout its extent until sound intestine was found at the opposite side, where it was again

divided, and the sound extremity secured like the former. The mesenteric vessels which were very numerous as may be inferred, gave rise to a pretty smart hæmorrhage at first, but were closed by torsion and the application of ice, until all bleeding had ceased, when the hernia knife was brought to bear on the ring, and this was sufficiently enlarged.

Making sure that the bleeding did not recur on the removal of the pressure which had been maintained by the ring, the parts were returned within the abdomen, leaving the two divided ends of intestine protruding from the abdomen, and lying side by side, where they were secured to the integumentary margin by silver sutures in such manner as to form an artificial anus. During all this procedure the patient was quietly sleeping under the influence of Chloroform, and I might here add, that, having thoroughly tested Sulphuric ether, Ether and Chloroform mixed, and the more recently discovered Bichloride of Methyle, I have no hesitation in saying that Squibb's Purified Chloroform is, in my opinion, the most desirable anæsthetic known, both as regards efficiency and safety of administration.

During the twelve hours following this operation, the cathartics which had been freely administered by my predecessor in the case were being poured out at the artificial anus, and there was a little disposition to singultus, with some vomiting.

Aconite and *Arsenicum* were administered in anticipation of peritoneal inflammation, and as corrective of the gastric irritation present. I can not too strongly condemn the too prevalent habit of administering opiates to narcosis after surgical operations, believing that they disturb the reparative processes upon which the surgeon so largely depends, and that we have in the higher attenuations of *Coffea* and *Arnica* efficient remedies for the post-operative hyperæsthesia which is sometimes present. During the day following the operation the pulse rose to 120, and there was considerable tenderness of the abdomen, but no tympanitis. After the lapse of forty-eight hours this irritation

began to subside, the pulse dropped below 90, and I soon had the satisfaction to note the return of a relish for food and of comfortable sleep. It was found necessary to exercise great care in dieting the patient, since the discharge at the artificial anus being altogether fluid, varied greatly with changes in diet; potato and some other articles of food causing so keen an acridity as quickly to destroy the cuticle with which it came in contact. Beef tea, prepared by the following formula, was made the standard article of diet in this case, the muriatic acid greatly promoting digestion and assimilation :

Lean beef, cut fine, one-half pound.

Cold water, twelve ounces.

Table salt, one teaspoon.

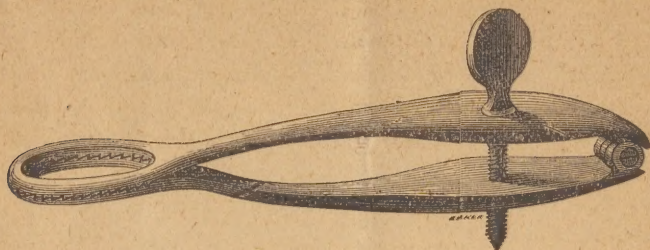
Pure Muriatic acid, four drops.

Stand aside in a covered dish two hours, then strain and pass the liquid again through what remains on the strainer and serve cold.

This preparation, always well borne by the most sensitive stomachs, seemed particularly suited to this case, and the deviations from this were more by way of experiment to test the digestive powers of the stomach and duodenum. A fine field was here presented for the physiologist to note the complete or partial digestion of different aliments by the stomach and duodenum with the upper portion of the jejunum, but upon this field we can not now enter. An examination of the intestine removed showed it to be fully four feet ten inches in length, and to belong to the jejunum.

Upon the subsidence of the inflammatory symptoms and the re-establishment of the digestive functions, the determination was announced to operate immediately for the relief of the artificial anus. Here it was found necessary to depart from the line of established precedent, and there were not wanting those in the profession who, with the author, thought this operation should have been delayed for several months at least, but there seemed no sufficient reason for delay, and so soon as the proper instruments could be made from drawings, I was ready to proceed. A few days delay was asked by the husband of the patient on

account of his business, and then, on July 31st, the patient being fully anæsthetized, the extremities of the gut were explored to determine their course on entering the abdomen, the presence of adhesions and the relations of other viscera: a clamp four and one-half inches in length (see cut)



the blades of which were oval, three-fourths of an inch wide by one inch and one-fourth in length, and fenestrated so as to leave serrated jaws one-eighth of an inch wide, was then introduced. One blade being passed into each protruding end of intestine until fully within the abdomen, the two blades were locked by means of the hinge joint in the outer end of the handles, and the set screw was introduced. Great care was exercised that only the intervening walls of these intestines should be embraced by the clamp, and the blades were then approximated by the set screw in the handles until slight pain was occasioned. Instructions were given that if nausea or vomiting occurred the clamp should be slightly loosened, otherwise it should be very gradually tightened during the next two days; the object of this pressure being to cause a degree of adhesive inflammation sufficient to unite these intestines. When on the third day the presumption being that this had occurred, firm pressure was applied by the clamp for the purpose of destroying the parts between the blades, and thus make an opening from one intestine through into the other. To make this the more effectual a free incision was made with a gum lancet through the fenestral opening in the blades of the clamp.

On the fourth day the clamp was gradually loosened and withdrawn, while a firm compress was applied over the

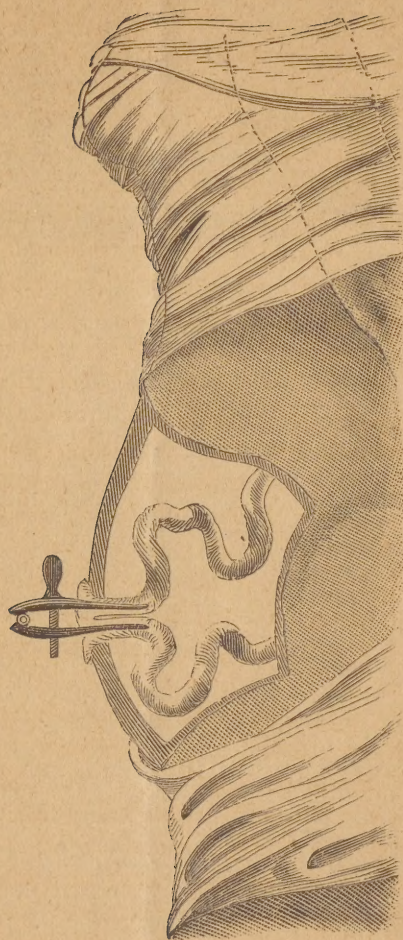


DIAGRAM SHOWING THE APPLICATION OF THE CLAMP BY WHICH THE CUT ENDS OF INTESTINE WERE UNITED.

artificial anus. The lower bowels, including the ileum, colon and rectum, which had been entirely inactive for four weeks, now began to exhibit activity, and from this time the regular daily evacuations of the bowels occurred by the rectum, of a character as entirely normal as those which had characterized her former condition of health. Indeed, a former habit of constipation seemed to have been wholly removed. A digital examination of the point at which the clamp was applied revealed the smooth, rounded edges of the opening produced by the instrument, and it now only remained to close the integumentary opening of the artificial anus, which was done August 6th, by deeply set quilled sutures of silver wire, and the patient returned to her home in the central part of the state, leaving my cabinet enriched by a pathological specimen which is as highly prized as it is rare.

This case is perhaps without parallel in the records of surgery as regards the amount of intestine lost and the immediate relief afforded from the artificial anus.

A case is recorded by Cheselden* something like 200 years ago. "Where a Woman labouring under the *Exomphalis*, the Part Mortify'd, and the Gut thrust out twenty-six Inches and a half, being also perished he cut off; after which, as the Ulcer healed, the End of the Gut hanging out thereat, made a kind of *anus*, through which her excrement comes out."

Here, nature did much, while the surgeon apparently did very little, and no attempt appears to have been made to relieve or close the artificial anus.

The case of Mrs. Childs is remarkably full of interest as showing how much of the alimentary canal may be lost without fatal consequences not only, but without even disturbing the time or character of the fœcal evacuations. It is of interest too, as bearing upon the subject of artificial anus, since it demonstrates so far as one case may, that when it becomes necessary to establish an artificial outlet, such outlet may be safely closed after the lapse of a very

*Turner's Surgery. London: A. D. 1734. Vol. II. P. 483.

few days; and he who has been an observer of the loathsome inconvenience as well as physical suffering of an artificial anus so high up as the jejunum, can readily appreciate the importance of avoiding the tedious delay of several months, which has been heretofore enjoined.

It is no less amazing than gratifying to witness the happy effects of Homœopathic remedies in controlling the constitutional disturbances consequent upon grave surgical operations; and seldom have those effects been more happy in my hands than in the present case, where the late stage at which the case came under proper treatment as indicated by the hiccough and prostration, the extensive cut surface of mesentery returned within the abdomen, and the brevity of the viscera available for digestion and assimilation all united to make the prognosis unfavorable.

From no other source can the surgeon derive that confidence in the use of the knife in extreme cases which comes from a knowledge of the resources of the Homœopathic *Materia Medica*.

